DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15343 15352 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o STATE b. COUNTY b. CITY OR TOWN (If outside corporate limits, MARYLAND Maryland Frederick c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) py 5 Weeks Buckeystown Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS paper event, within 72 filled 64 NO TY Frederick Memorial Hospital Buckeystown P.O.Md YES 3. NAME OF 4. DATE remave carbon Lost Dov Year DECEASED November 19 (Type or print) Virginia DEATH Florence Ambush IF UNDER 24 HRS S. SEX 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 7. MARRIED 82 pirthdoy) Months Dovs Hours in any WIDOWED DIVORCED 9-25-1885 Female usual OCCUPATION (Give kind of work done and 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

Domestic lease INDUSTRY COUNTRY? andi physician Frederick Co. Md U.S.A 35-36-36-36-36-36 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ם ar remaval, attending phy George Patrick Ambush
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Henrietta Coates Address Frederick, Md 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service 215-26-9179 Leroy C. White P.O. Bx 272 No ******* CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSES AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse for use as the l be retained by the haspital ar attending has been last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO L ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d INSURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) Hour o.m. foctory, street, office bldg., etc.) Not While TO FUNERAL DIRECTOR: After ot work 21. I certify that (1) (this haspital) attended the deceased fram 4-5 19.5 6 to 155 19, 1967 that (1) (we) last page 3 shauld e filed with the M, fram causes and an the date stated above. , and that death accurred at saw the deceased alive an. 220. SIGNATURE 22b. DATE SIGNED ATTENDING evene DIRECTOR M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, p Thomas E. Stone W. 3rd St Frederick, Md 23b. DATE THEREOF 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Burial 11-22-67 Fairview Frederick Fred Md 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 DATE NOV 2 1 1967 Charles Hicks.111 Frederick . Md

SERVE TO THE REPORT OF THE PROPERTY OF THE PARTY OF THE P Maivehorit. Designation of Molyana Nolyana (M. W. L. Bu. O. T. Hungs are You'll . D. T. . Indicated . Indicated . March Dave . Toronto capet since a denote destroy destroy denote destroy agrees o state and the state of the st Contract to the contract of th PERSONAL PROPERTY OF THE PROPE

MARYLAND STATE DEPARTMENT OF HEALTH

1	DIVISION OF Y	/HTAL RECORDS, 301 W. PRESTO	N STREET, BALTIMORE, MARYLAND	21201
	15350	CERTIFICATE	OF DEATH	15353
	o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, o. STATE Maryland	if institution: Residence before odmission) b. COUNTY Frederick
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Frederick	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, Frederick	write RURAL and give neorest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in I	nospitol, give street oddress)	d. STREET ADDRESS	e IS RESIDENCE On a farm?
	Frederick Memor	ial Hospital	220 E. Church	St. YES NO X
1	B. NAME OF Harry First (Type or print)		ders Lost 4. DATE OF DEATH	Month Doy Year Nov. 12— 19 67
1	LJ D		8. DATE OF BIRTH 9. AGE (1) 8-23-1892 75° b	rthday) Agents IF UNDER 1 YEAR IF UNDER 24 HRS. IF UNDER 24 HRS.
1	0o. USUAL OCCUPATION (Give kind of work done during mast of working life, even it retired) Farmer — Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. 8IRTHPLACE (County & Stote, or foreign courted the first state of	12. CITIZEN OF WHAT COUNTRY? U.S.A.
	is. FATHER'S NAME George Washingt	on Anders	14. MOTHER'S MAIDEN NAME Not available	
	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of serv	(ico)	nformant s. Katie M. Payne And	Address Frederick, Md. ders-220 E. Church St
	18. CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	r line for (o), (b), and (c).)	remboses	INTERVAL BETWEEN ONST AND DEATH
	Conditions, if ony, which gove DUE TO	Generalisa	erteris - scleros	is vollears
	rise to immediate couse (o), stoting the underlying couse lost.			0
) 10124	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PAI	RT I(a) 19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of hijury in Part I or Port II of ite	em 18.)
100000	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	r town) (County) (Stote)
	21. I certify that (!) (this hospital saw the deceosed alive on	attended the deceased from 1967, and that	t death accurred at I-P M, from	causes and on the date stated above
	220. SIGNATURE	Property Day	ATTENDING MED: ST	AFF 22b. DATE SIGNED

Bernard O. Thomas-Jr.

23b. DATE THEREOF

(Stote)

230.

22c. PHYSICIAN'S NAME (Type)

8URIAL, CREMATION, REMOVAL (Specify) Burial Nov . 15-1967 23c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery

23d. LOCATION (City or Town) (County) Jefferson, Md. 21755

280

Frederick, Md.21701

2So. REC'D BY REGISTRAR GISTRAR'S SIGNATUR

Prof. Bldg.- Frederick, Md. 21701

director, page 3 should be detoched for use os the buriol-transit permit. Then pleose remove corban papers. Pages 1 ond 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or removol, and in ony event, within 72 hours offer death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the fidirector, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours aft

Page 4 may be retained by the hospital or ottending physician.

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	A.H.			

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 5351 15354 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH b. COUNTY Prince George a. COUNTY o. STATE Frederick Maryland MARYLAND offer c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest tawn) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)
Frederick 24 hours Mt. Rainier and in any event, within 72 hau e. IS RESIDENCE ON A FARM? papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 4203 Kaywood Drive- Apt. 2 116 Pine Avenue YES NO X Middle 4. DATE Month 3. NAME OF First Last Dov Year and completely DECEASED Albert Franklin Baker 26-19 67 Nov. DEATH (Type or print) remave car requires that the death certificate be executed AGE (In years B. DATE OF BIRTH IF UNOER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED X **NEVER MARRIED** Months Oays Haurs White Dec . 25-1937 Male WIOOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)
Route Salesman COUNTRY? INDUSTRY Dairy attending physician permit. Then please Frederick Co. Md. U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remaval, Walter H. Baker Alice Frances Klipp Address Frederick. Md. 16. SOCIAL SECURITY NO. 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, so ar unknawn) (If yes give war ar dates af service) 218-34-3837 Mrs.Rosalie Ann Baker-328 E. 3rd. St. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).)
PART I. OEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar attending physician. OUE TO Conditions, if any, which gove (b) rise to immediate couse (o). DUF TO as the prior tak stating the underlying couse 19. WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) of far use of Health CERTIFICATION YES X NO this certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. MEDICAL 20c. TIME OF INJURY Month, Doy, Year Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar town) (County) (State) While Nat While factory, street, affice bldg., etc.) at wark at work FUNERAL DIRECTOR: After , 19___, that (I) (we) last 21. I certify that (I) (this haspital) ottended the deceased from I from______, 19____, ta______, 19____, thot (I) (we) last and that death occurred at _==154M, from couses ond on the date stated above. director, page 3 shauld schauld be filed with the sow the deceased olive on_ 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. Nov .27-1967 M.D. PHYS. **OIRECTOR** 22d. AOORESS 22c. PHYSICIAN'S NAME (Type) Dr. J.R. Poirier Frederick Medical Center- Frederick, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Stote) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) Mt.Olivet Cemeterv 11-29-1967 Frederick, Md. 21701 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Flux
M.R. Etchison & AODRESS Whitmore 2Sa. REC'D BY REGISTRAR Frederick, Md.21701 20 M 1.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15352 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) O. STATE MARYLAND b. COUNTY REDERICK MARYLANO FREDERICK b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Hours Frederick INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO S 341 N. Market Street YES 4. DATE OF DEATH Middle Month Day Year ona 6 1967 (Type or print)

Frederick Medical Center, Frederick, Md.

(Stote)

23d. LOCATION (City or Town)

250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE NOV 2 0 1967

	3)LA	U. COLOR OR RACE	/. IMPAR	CKIED _	NEVER MARKIE	D (20)	DAIL OF BIKE	n		lost birthdoy)	Months	Oovs	Hours	Min.
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		USUAL OCCUPATION ng most of working l	(Give kind of work done life, even if retired) ant		Ob. KIND OF INDUSTR	BUSINESS OR		11. BIRTHPLACE	,				OUNTRY?		
		FATHER'S NAME		9UG1	HER			14. MOTHER'S	MAIDEN N		AN G	cumbi	NE		
			R IN U.S. ARMED FORCES? (If yes give wor or dates o	of service)	SECURITY NO.		FORMANT			Same as	dress s item	#2)		
		1B. CAUSE OF DE PART I. DEAT 776 X	ATH (Enter only one cou H WAS CAUSED BY: IMMEDIATE CAUSE DUE	(o)	ne for (o), (t	ond (c).)	ntu	5						ERVAL BETV SET AND D	
		Conditions, if ony, nise to immediate stoting the under lost.	which gove e couse (o),	(b)											
2	ATION	PART II. OTHER SIG	GNIFICANT CONDITIONS C	ONTRIBU	TING TO DEA	ATH BUT NOT RE	LATED TO TI	ie terminal di	SEASE CONE	OITION GIVE	N IN PART 1(o)			WAS AUTO PERFORME ES	
	L CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	☐ CAUSE OF DEATH	2	Ob. DESCRIBE	HOW INJURY O	CCURRED. (I	nter noture of	injury in P	ort 1 or Por	t II of item 1B.)				
	MEDICAL	20c. TIME OF INJU Hour o.m p.m	10		20d. INJURY While of work	OCCURRED Not While of work		OF INJURY (H ry, street, office		20f.	(City or town)	(Co	ounty)	(:	Stote)
		21. I certif	y that (I) (this has ceased alive an_	pital) o	attended t	he deceased	fram and that	death accu	, 19 rred at_	130/4 N	a 1, fram cause		he dat	e stated	ve) la abav
		220. SIGNATURE-	n 8	3	6		M.D.	111701	X [MED. DIRECTOR	STAFF PHYS.		ATE SIGN	ED 7,196	7
- 1		22c. PHYSICIAN'S		1				22d. ADDI	RESS						

23c. NAME OF CEMETERY OR CREMATOR'

Mount Olivet Cemetery

Willis J. Riddick, M. D.

M. R. Etchison & Son, Frederick, Md.

23b. DATE THEREOF

Nov. 18.1967

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death **D FUNERAL DIRECTOR:** After this certificate hos been signed by the attending physician ond completely filled in by the funerol director, page 3 should be detached for use as the buriol-tronsit permit. Then please remove carboy papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 22 hours after depth. Poge 4 moy be retoined by the hospitol or ottending physicion. TO FUNERAL DIRECTOR: After this certificate hos been VR A15 (4) 25M 1/67

o. COUNTY

NAME OF DECEASED

NAME (Type)

- = 102 646

23o. BURIAL, CREMATION

24. FUNERAL DIRECTOR

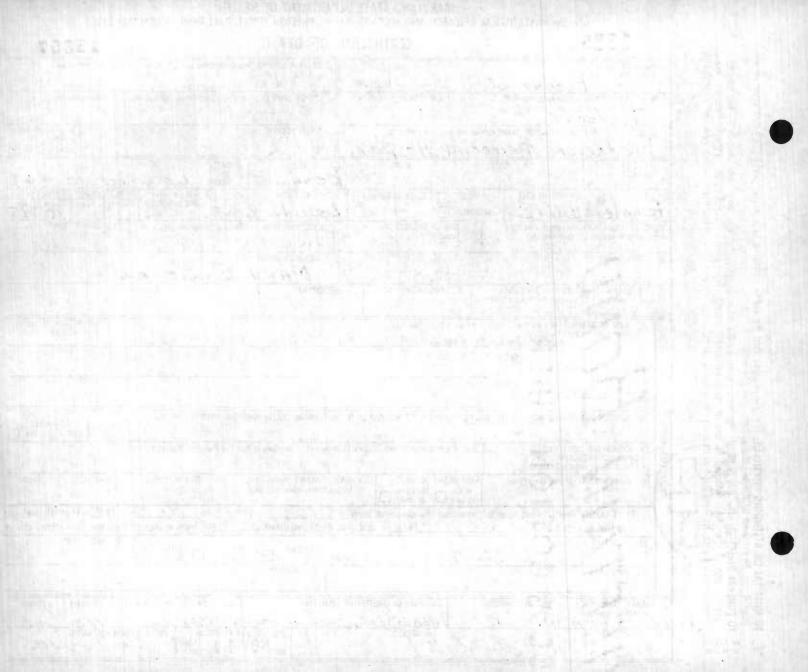
REMOVAL (Specify)

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #8 Film #G 15353 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH deot o. COUNTY Frederick MARYLAND hours ofter b. CtTY OR TOWN (If outside carporote limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Frederick Years Frederick d STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) popers ON A FARM? 24 Twin Creek Plaza Apartment Twin Creek Plaza Apartment YES NO DO The law requires that the death certificate be executed within 3. NAME OF 4. DATE Middle Year ottending physician and completely permit. Then please remove corber DECEASED DEATH November ENGLISH BENSON 67 MINNIE 19 (Type or print) event. 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8_ DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthday) Jan. Months Days Hours ond in ony June 9. 1878 DIVORCED Female White 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. A. INDUSTRY Germantown, Maryland Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, or removal Mary C. Thompson William English 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war ar dates of service) 7205 D Miss Mary Alice Benson (Same as item #2 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-tronsit ONSET AND DEATH Myocardial Failure PART I. DEATH WAS CAUSED BY signed by IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physicion. DUF TO Severe Secondary Anemia, Chr. Bleeding Canditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause Carcinoma of Bladder 10 yrs. TO FUNERAL DIRECTOR: After this certificate has been be detached for use os the State Dept. of Health prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) MEDICAL CERTIFICATION NO YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Not While factory, street, office bldg., etc.) OR ATTENDING 1967, that (1) (we last 21. I certify that (I) (this hospital) attended the deceased from august 1965 to director, page 3 should should be filed with the 1967, and that death occurred at 4:10 PM, from causes and on the date stated above. sow the deceased olive on No V 2 22b. DATE SIGNED 220. SIGNATURE ATTENDING X Nov. 3, 1967 M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 810 Toll House Ave. Frederick. Gilcin F. Meadors, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify) Mount Olivet Cemetery Frederick, Maryland 25b. REGISTRAR'S SIGNATURE M ADDRESS Fadeley 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 M. R. Etchison & Son, Frederick, Maryland

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15354 CERTIFICATE OF DEATH 15357 deoth PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death the attending physician and completely filled in by the funeral sit permit. Then please remove corbon papers. Pages I and-PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE b. COUNTY o. COUNTY MARYLAND Poges c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) wife RURAL and give nearest town) rederick e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AOORESS YES \ NO L MOTIA within 3. NAME OF First Lost 4. OATE Ooy Year DECEASED OF DEATH e SAW November 10 19 6 (Type or print) 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED W **NEVER MARRIED** lost birthdoy) Months Ooys Hours ond in ony WIDOWED OIVORCED 10 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service 0 cremation, INTERVAL BETWEEN 18. CAUSE OF OEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. OEATH WAS CAUSED BY: signed by the buriol-tronsit p ONSET AND OEATH C CEREBRAL MENINGOCOEL IMMEDIATE CAUSE (o) AIV **OUE TO** Conditions, if ony, which gove rise to immediate couse (o), OUE TO stoting the underlying couse Page 4 moy be retoined by the hospitol or attending O FUNERAL DIRECTOR: After this certificate hos been os the lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) should be detoched for use with the State Dept. of Health p CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) TIME OF INJURY Month, Ooy, Year foctory, street, office bldg., etc.) Hour o.m. While Not While ot work ot work 10 , 19 6 7, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. . 19 62. ta NOV AM, fram causes and an the date stated above. and that death accurred at 5 saw the deceased alive an_ 19 67. 22b. OATE SIGNEO 22o. SIGNATURÉ STAFF ATTENDING PHYS. director, page 3 should be filed v M.D. DIRECTOR PHYS. 22d. AODRESS 22c. PHYSICIAN'S NAME (Type) ED MEDICA 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. OATE THEREOF (County) (Stote) 23o. BURIAL CREMATION REL. TO HOSP. FREDERICK MEMORIAL FREDERICK 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR Milane VR A15 (4) 20 M 1/66



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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital or attending physician.

CERTIFICATE OF DEATH

15359

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	PLACE OF DEATH						2. USUAL RESIDENCE	Where deceased	lived, if institu	tian: Reside	nce befare	e admissio	on)
(a. COUNTY	rederick	7		MAD	YLAND	o. STATE Mary	land	b. COL	Fred	lani	ck	
1	CITY OR TOWN	(If outside comorate)	limits	c. LE	NGTH OF STAY		c. CITY OR TOWN (If o	utside carporate	limits write RI	IRAL and air	ve nenresi	town)	
	Frede	and give neorest town))				Knoxvi			ntric and gi	10 11001031	104111	
		PITAL OR INSTITUTION ((If not in has	nital aive str	eet address)		d. STREET ADDRESS	TTE (II'	1.97)		1 6	IS RESID	DENCE
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1	NAME OF DECEASED	**** 7 7 *	First		Middle	0	Last	4. DATE OF	Mar		Day	Yeo	ar / a
-		William	-	ranci			2ger)	DEATH	I:		IO	19	0/
S. S	ŧΕΧ	6. COLOR OR RACE			NEVER MARRIE		8. DATE OF BIRTH		AGE (In years last birthday)	IF UNDER	Days	IF UNDER Haurs	Min.
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		ON (Give kind of work d ng life, even if retired)	dane	INDUSTRY	BUSINESS OR		11. BIRTHPLACE (County	& State, or farei	gn country)	12. 0	ITIZEN OF	WHAT	
	armer	ig ind, even in termed,		INDOSIN			Marylan	d		1	OUNTRY?	A.	
13.	FATHER'S NAME		1 1 9	3-2-5			14. MOTHER'S MAIDEN	NAME					
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15.	WAS DECEASED EV	VER IN U.S. ARMED FORCE	CES?	16. SOCIAL	SECURITY NO.	17.	INFORMANT		Add	ess			
(Ye	s, no, ar unknawn) NO	(If yes give war or do	otes of service	2T3_	18-066	51. M	ary Virgi	nia Ru	ngan F	Rmine	ים ביותר	k Ma	3
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	PART I. DE	EATH WAS CAUSED BY:		Yul	morra	1	Edama					SET AND D	
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Н	rise to immedia		(b)	0 1000	11000								
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CERTIFICATION		/AS UNDERLYING ☐ IG ☐ CAUSE OF DEATH	2	Ub. DESCRIBE	HOW INJURY O	CCURRED.	(Enter nature of injury in	Part I or Port I	of item 18.)				
	(IF EITHER, NOTIF	Y MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF IN	VJURY Month, Day, Yea		20d. INJURY (OCCURRED Not While		CE OF INJURY (Home, fari		City ar town)	(Co	ounty)	((State)
Σ	р	p.m.	19	ot work	at wark								
	21. I cert	tify that (I) (this	hospital), d	attended th	ne deceased	fram	11/10/67,	19, ta_	11/10/	67, 19.	, th	at (I) (v	we)-la
	saw the o	deceased alive an	n_tele	010)	19	and tha	t death accurred at	3 10 PM,	fram causes	and an t	the date	stated	abay
	220. SIGNATURE	E) 1.	0	0							DATE SIGNE		7
		lustin	lea	ul.	1.	M.I	D. PHYS.	DIRECTOR L	J PHYS. L		11/10	16)
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		2001 001 047	E THEREOF	23c.	NAME OF CEM	ETERY OR	CREMATORY	23d. LOCA	TION (City or To	own)	(Caunty)		tate)
23a.	. BURIAL, CREMAT	TION, Z3b. DATE										N	
23a. B	BURIAL, CREMAT	tion, 23b. Date III	[4/67	Pl	easant	t Vi	ew Cemete:	ry Bur	Kitts	rille	e M	a.	
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	21. I cert saw the c 220. SIGNATURE	tify that (I) (this deceased alive and the law) for the law (I) (II) (II) (II) (II) (II) (II) (II)	Pear:	re, Jr	ne deceased 19	M.I	22d ADDRESS 804 Tol	MED. DIRECTOR [1 Hous 1 23d. Loca	STAFF PHYS. C A Ve	and an i	the date SIGNE (1/1/10) leri (County)	C	stated k, N

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Oneral and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Varyland Frederick Frederick MARYLAND Pages ars afte b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Frederick davs Mt. Airv = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? P Frederick Memorial Hospital South Main Street YES NO etely. executed within arbon NAME OF Middle Last DATE Month Day DECEASED (Type or print) BURNS DEATH Vovember 1967 ü and con 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED (ast birthday) | Months | Days White Female WIDOWED [DIVORCED TO attending physician a sermit. Then please re pur or removal, and in a 10a. USUAL OCCUPATION (Give kind of work done) 5 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT The law requires that the death certificate be during most of working life, even if retired) COUNTRY? Mt. Airy, Md. School Teacher U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Milton Watkins Dora Phebus 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 102 (Yes, no, or unkown) \((\)(If yes give war or dates of service) Mr. Charles Burns 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c), INTERVAL BETWEEN ial-transit **ONSET AND DEATH** signed by PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Myocardial Failure O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. few min DUE TO certificate has been significate has as the buriant, of Health prior to buriant. Carcinomatosis of peritoneum & liver Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the Primary carcinoma of cervix & fundus uteri underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY Severe Secandary Anemia, Paroxysmal Tachycardia intermittents No R 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) IO FUNERAL DIRECTOR: After this ce director, page 3 should be detache should be filed with the State Dept. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) abis possible attended the deceased from saw the deceased alive on NOV. M. from the causes and on the date stated above. and that death occurred at 22a. SIGNATUBE 22b. DATE SIGNED Nov. 28, 1967 DIRECTOR M.D. PHYSICIAN' 22d. ADDRESS NAME (Type) Gilcin F. Meadors, M.D. 810 Toll House Ave. Frederick, Mc BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CHEMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Grove Mt. Airy. Md. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS M. Waltz Box 241 Sykesville, Md. VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15353 15361 CERTIFICATE OF DEATH death. by the funeral. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Prederick b. COUNTY Frederick MARYLAND 24 hours after b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest tawn) C. LENGTH OF STAY IN 16 write RURAL and give nearest town Brunswick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS physicion and completely filled in en pleose remove corbon pagers. oval, ond in ony event, within 72 h ON A FARM? Frederick Memorial Hospital 64 YES NOX law requires that the deoth certificate be executed within 3. NAME OF Middle First DATE Day Year DECEASED (Type or print) 6 aveu 19 DEATH IF UNDER 1 YEAR S. SEX DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Doys Hours Female 6 Cauc. DIVORCED WIDOWED X 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life even if retired) INDUSTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lorenza Phillips Nan Phillips 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknown) (If yes give war or dates af service) 17. INFORMANT 16. SOCIAL SECURITY NO. John M. Carey Brunswick, Md. none cremation, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) ò **DUE TO** signed Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying cause Page 4 may be retained by the hospital or ottending the hos been last. 00 WAS ACTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES O FUNERAL DIRECTOR: After this certificate for 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Yeor Hour a.m. foctory, street, office bldg., etc.) Nat While at work 2]. I certify that (1) (this haspital) attended the deceased fram 1:2 Nov . 1967, to 13NOV, 1967, that (1) (we) last No V 1967, and that death accurred at M. fram causes and an the date stated above saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. PHYS DIRECTOR M.D. director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) BURIAL CREMATION PARTHEREOF CEMETERY, OR CREMATORY h UI Brethern LOCATION (City or Iawn) (County) (State) Brownsv Brunswick, Md. 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

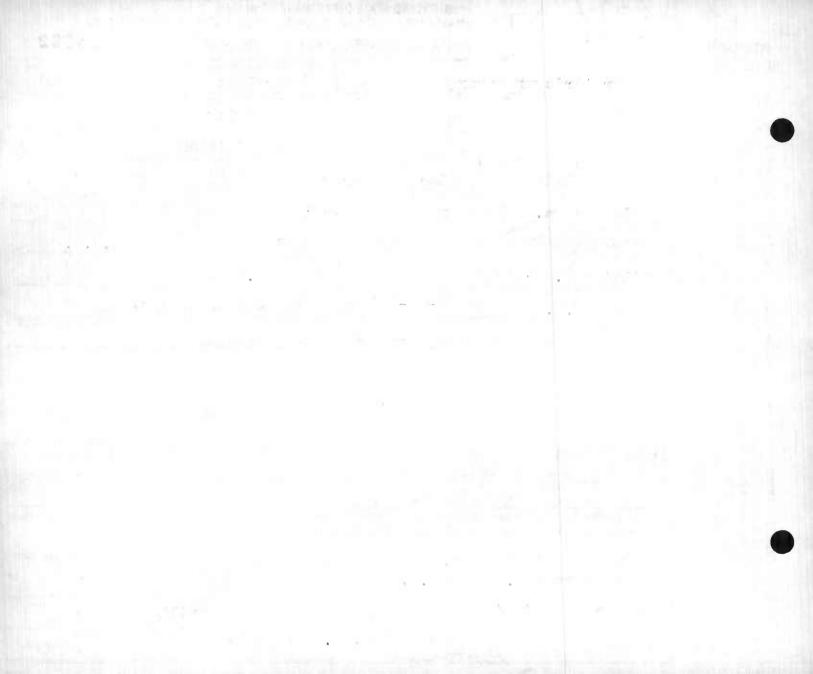
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15362

TE		15359 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	15362
deoth.	1.	PLACE OF DEATH o. COUNTY Fieldicker Serey Maryland	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence of STATE Maryland b. COUNTY Fr	ence before odmission) rederick
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick C. LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and g Brunswick	ve neorest town)
00		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS New Addition	e. IS RESIDENCE ON A FARM? YES NO-
	3.	NAME OF First Middle DECEASED (Type or print) William Leo Care	Lost 4. DATE Month OF DEATH II	Doy Year I3 19 67
	5.	The state of the s	B. DATE OF BIRTH 9. AGE (In years IF UNDE Aryland 70 Ost birthdoy) Months	R 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
	du	Do. USUAL OCCUPATION (Give kind of work done uring most of working life, even if letired) Retired employee of Bro Railroad	Maryland U.	OUNTRY?
		William P. Carey	14. MOTHER'S MAIDEN NAME Minnie B.Long	
	()	S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wat or doles of service) 705-I0-3039Vir	NFORMANT Address rginia Danner-New Additio	n
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Heurt failure	ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), (b) Hyperical Puff	auction	
		stoting the underlying couse (c) Carteris selection (d)	lediovocular	
3	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	11 11 11 11 11 11 11 11	19. WAS AUTOPSY PERFORMED? YES NO
	AL CERTIFI	20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	(Enter noture of injury in Port I or Port II of item 18.)	
	MEDICAL	p.m. 17 of work U of work U	ory, street, office bldg., etc.)	ounty) (Slote)
		21. I certify that I took charge of the remoins described obove, held death resulted from: Notwal couses , Accident , Suici	ld an Autopsy, Inspection, Inquiry, ide, Homicide, Undetermined monner [and in my opinion
		ACTUAL SIGNATURE (Theet X) (1041)	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
2	22	EXAMINER'S Robert J. Thomas M.D. NAME (Type) 30 RIBIAL CREMATION 1235 DATE THEREOF 1236 NAME OF CEMETERY OR C	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) CREMATORY 123d LOCATION (City or Town)	(County) (Slote)
S Legilla		30. BURIAL CREMATION, 1235 DATE THEREOF, 230 NAME OF CEMETERY OR CHICAGO THE CONTROL OF CEMETERY OR CHICAGO THE CHICAGO THE CONTROL OF CEMETERY OR CHICAGO THE CONTROL OT CONTROL OF CEMETERY OR CHICAGO THE CONTROL OF CONTROL OF CEMETERY OR CHICAGO THE CONTROL OF CEMETERY OR CHICAGO THE CONTROL OF	11.10	aryland
5)	15	Prumeral Director 2/ Brumswick, Mc	NUV 16 1957 1000	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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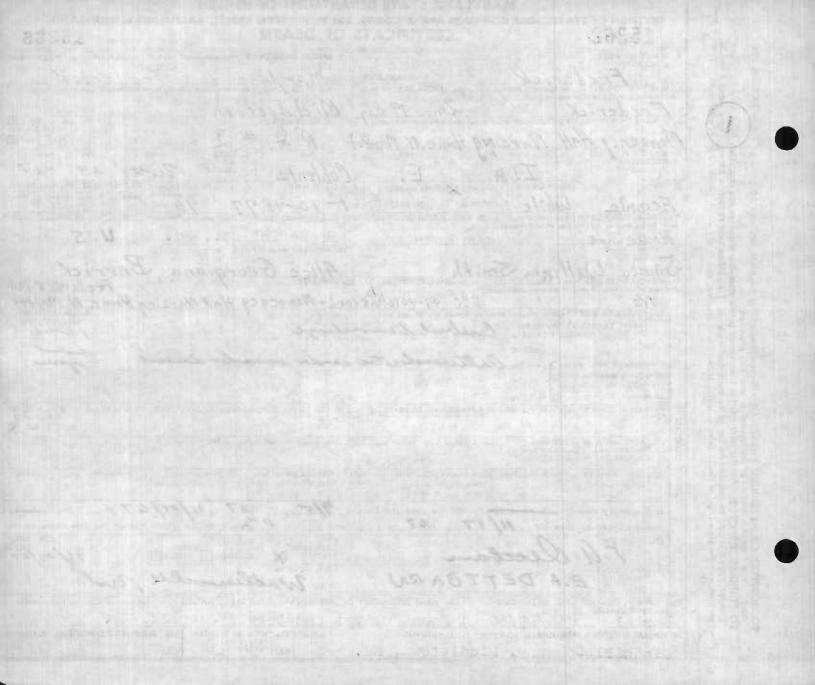
FOR STATE	15350 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY Frederick 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick
dany delay is 2, and 3 ta PM3. Page	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Frederick
form 1, 2, 2, 4 form 16 be	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) DOA Frederick Memorial Hospital d. STREET ADDRESS 803 East Patrick Street on A FARM? YES NO
Give Pages Give Pages ang with for th the State	3. NAME OF DECEASED (Type or print) CLARK ZWINGLI CASTLE 4. DATE November 17 19 67
rs after 18. Give e alang 2 with th ath.	S. SEX Male Months Married Months
24 haurs in Item 1 r's Office ss 1 and 2 iffer death	100. USUAL OCCUPATION (Give kind of work done done done done lob. KIND OF BUSINESS OR during Vost of Telephile, Speigrisch) Roebuck, INTO BRY None Frederick County, Md. 11. BIRTHPLACE (Stote or foreign country) Frederick County, Md. 12. CITIZEN OF WHAT USUSTRYR.
within pencil i caminer ale page	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Myrtle O. Miller
executed v nding" in 1 Medical Ex permit. Fil	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no or unknown) (World War 2 vice) 16. SOCIAL SECURITY NO. 212-03-3038 Mrs. Carrie H. Castle 803 E. Patrick St.
e shauld be the word "pe to the Chief burial-transii in any event	1B. CAUSE OF DEATH (Enter only one couse per line for (g) (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost. (c) INTERVAL BETWEEN ONSET AND DEATH
This ificate, I be fa	PART HOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PREPORMED? YES NO 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port II of item 18.) 2Dc. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.
EXAMINER: ute the cert age 4 shauld yaur files. Page 3 shau crematian, a	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While at wark of twark
TO DEPUTY MEDICAL EX necessary, please execution the funeral director. Page 5 may be retained for your TO FUNERAL DIRECTOR. Page 14 Health prior to burial, cre	21. I certify that I took charge af the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinian deoth resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER Frederick Maryland N.D. ASSISTANT MEDICAL EXAMINER Frederick Maryland Address (Street, city, town, or county) 22. DATE SIGNED PROBERT Thomas M.D. DEPUTY MEDICAL EXAMINER Frederick Maryland 230. BURIAL, CREMATION, BURIAL, CREMATION, BURIAL SIGNED STREET, OR CREMETERY OR CREMATORY CREMETERY OR CREME
	A FUNERA DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Robert E. Datley Son Frederick, Maryland 10 V 2 1 1967

0 10 10 51.00 Intimate I have of of our to 3: 92.5 in the state of th TO THE BUILDING TOREST Western, Millor elina o e of the state of th Strong plrestring to The second of the street will be The property of the state of th ender a la company de la c

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15364 CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Frederick a. COUNTY Frederick Maryland MARYLAND b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) Frederick davs papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 9 within 72 ON A FARM? Frederick Memorial Hospital 1205 North Market St. physician and campletely filled en please remove 3. NAME OF 4 DATE DECEASED OF DEATH November 11. CHARLES R. CLINE. SR. (Type or print) The law requires that the death certificate be executed 9. AGE (In years IF UNDER 1 YEAR S. SFX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) White Male March 17, 1890 11. BIRTHPLACE (County & State, ar fareign country) 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
Ret. Dairy Farmer None MXXXX U.S.A. Near Middletown. Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles L. Cline Alice Brandenburg Address rederick. Md. 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes na, ar unknown) (If yes give war ar dates of service Mrs. Charles R. Cline. Sr. 1205 NmMarket St. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSFT AND DEATH IMMEDIATE CAUSE (a) Pulmonary Edema and Terminal Pneumonia Canditians, if any, which gave (b) Arteriosclerotic Heart Disease rise to immediate cause (a). DUF TO stating the underlying cause (c) Arteriosclerosis obliterans severe WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) has NO Severe Benign Prostatic Hypertrophy with obstruction be retained by the haspital or this certificate 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) Haur a.m. factory, street, affice bldg., etc.) O FUNERAL DIRECTOR: After at wark nded the deceased fram Sept. , 185 A to Nov 31, , 187, that (1) (yet) last 1967, and that death accurred an 1967, and that death accurred an 1967 is the date stated above. 21. I certify that (1) (abdachospital) attended the deceased from Sept director, page 3 shauld shauld be filed with the saw the deceased alive an Nov-11 22g. SIGNATURE 22b. DATE SIGNED 11/11/67 DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may NAME (Type) Dr. Gilcin F. Meadors 810 Toll House Avenue, Frederick. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23a. BURIAL, CREMATION Reformed Cemetery Middletown, Maryland 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Frederick, Md. VR A15 (4) 20 M 1/66 1967 Darley & Son

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RESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 5365 funeral after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) . COUNTY MARYLAND ede and b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 OR JOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town derick d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, dAYS d. STREET ADDRESS Filled in . IS RESIDENCE ON A FARM? YES NO IX 3. NAME OF DECEASED paper n 72 h complete 4. DATE Month OF and c. carbon b. within (Type or print) DEATH 196/ 5. SEX 6. COLOR OR RACE 9. AGE (in yours | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lest birthdey) Months event WIDOWED DIVORCED remove physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY & State, or foreign country) done during most of working life, even if retired) any Frederick co., Md. HOUCE WIFE own home please 14. MOTHER'S MAIDEN NAME 2. aftending and 17. INFORMANT Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. removal (Yes, no, or unkown) | (If yes give wer or detes of service) been signed by the permit. affending physician. 18. CAUSE OF DEATH |Enter only one ceuse per line for ONSET AND DEATH 6 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, has been signe e burial-transit Conditions, if eny, which' geve rise to immediata cause DUE TO the bur burial, (a), steting the underlying couse lest. the hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 19. WAS AUTOPSY CERTIFICATION as 0 PERFORMED? NO X use prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) for OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) tached MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) be refained Hour em While Not While jo et work at work 19 p.m. DIRECTOR: 1967, to 1//24/67, 19, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from...... 0 220. SIGNATURE 22b. OATE ATTENDING MED. SIGNED TO HOSPITAL
death. Page 4
TO FUNERAL
director, page 3
be filed with it. DIRECTOR PHYS. PHYS. 67 M.D. 22c. PHYSICIAN'S 22d. ADORESS 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (Stete) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Olivet Cemetery Frederick. Md. Mount ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4 Company, Middletown, Md.



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased livad, If institution: Residence before edmission) e. COUNTY b. COUNTY Frederick Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 46 Yrs. Frederick Pages Frederick within Pellin d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE hours ON A FARM? Frederick Memorial Hospital 305 College Place completely/ papers n 72 h YES NO 3. NAME OF Middla Last 4. DATE Month Day Year DECEASED within (Type or print) BURNETT ALRION COLLMUS DEATH November 28, 1967 carbon 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months Hours White Male 23 Feb 1894 certificate WIDOWED [DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, evan if retired) Baltimore, Md. Investment Banker - Alex Brown & Sons U. S. please death = 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pue C. Carroll Collmus Jean Mason Then that the loval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT Address (Yes, no, or unkown) | (If yasgiva war or dates of service) 212-09-4210 Mrs. Nina L. Collmus (Same as item #2) Yes permit. physician. requires 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] signed by INTERVAL BETWEEN 0 ONSET AND DEATH PART I. DEATH WAS CAUSED BY. the burial-transit purial, cremation, cremation, IMMEDIATE CAUSE (a) aftending DUE TO We peen Conditions, if eny, which gave rise to immadiate cause has DUE TO (a), stating tha underlying cause last. the hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 95 9 CERTIFICATION PERFORMED? use prior NO X for 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY ORCURRED. (Enter nature of injury in Part I or Part II of item 18.) After this of Health OR CONTRIBUTING [] CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING be retained by 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 Month, Day, Year 20f. (City or town) (County) (State) Not While factory, straet, office bldg., etc.) Whila Hour a.m. DIRECTOR: Dept. at work et work pe p.m. 21. I certify that (I) (this hospital) attended the deceased from 1.07/ plnous State saw the deceased alive on National 19.6.7, and that death occurred at 1:05 from the causes and on the date stated above may 22a. SIGNATURE 22b. DATE ATTENDING PHYS. MED. STAFF FUNERAL 29 Nov 1967 page with t DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS 4 E. Church St., Frederick, Md. ector, A. A. Pearre, Sr., M. D. Pelif 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) D & S REMOVAL (Spacify) Frederick. Md. 21701 11/30/67 Mount Olivet Cemetery Burial 25. REC'D BY REGISTRAS 25b. APOISTRAR'S 24 FUNERAL DIRECTOR'S SIGNATURE PADEC VR A15 (4) M. R. Etchison & Son. Frederick, Md. 21701 20M 5-63

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15365 CERTIFICATE OF DEATH 15368 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral s 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. STATE aryland o. COUNTY Frederick MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) remave carban papers. Pac n anv event, within 72 hours Frederick Frederick Davs d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) ON A FARM? 300 Willow Avenue NO DE YES NAME OF Middle DATE Doy Year OF DEATH DECEASED 1960 (Type or print 9. AGE (In years IF UNDER 1 YEAR S. SEX NEVER MARRIED DATE OF BIRTH 6. COLOR OR RACE last birthdoy) Manths Davs Haurs WIDOWED DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) COUNTRY? INDUSTRY Frederick County. Md. Machine operator Frederick City 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME awei 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, na, ar unknown) (If yes give wor or dotes of service Mrs. Olivia Covell (Same as item #2) No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per live for/(a), (b), burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause (o). DUE TO attending stating the underlying couse as the has been PART, H. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? far use Health around NO YES 14 TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, affice bldg., etc.) Nat While ot wark of work 11-18-, 196 (that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. , 1963, to should 19 67, and that death accurred appear PM, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE ATTENDING W Nov. 18,1967 DIRECTOR PHYS. M.D. PHYS. director, page should be filed 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 220 N. Market Street. Frederick. Md. Rex R. Martin. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23a. BURIAL, CREMATION, REMOVAL (Specify) Daysville Road, Frederick, Md.

BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Union Chapel Cemetery 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Charles M. R. Etchison & Son. Frederick. Maryland

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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PLACE OF DEA a. COUNTY	Frederick	MARYLAND	a. STATE Maryland	d, if institution: Residence before admission) b. COUNTY Frederick
	N (If autside carparate limits, and give nearest town) Frederick	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carparate limi	
d. NAME OF HO	SPITAL OR INSTITUTION (If no	in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
DOA	Frederick Mer	morial Hospital	Bartonsville	Rd. Rt.# 6 ON A FARM?
3. NAME OF DECEASED	Firs		Last 4. DATE	Month Day Year
(Type or print)	MELVIN	EUGENE	CROUSE , SR. DEATH	November 2, 19 67
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED		(In years IF UNDER 1 YEAR IF UNDER 24 HRS birthday) Months Days Haurs Min.
Male	White	WIDOWED DIVORCED	March 13, 1908 59	birthday) Months Days Haurs Min.
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Service	Station Atter	ndant ^{INDUSTRY} None	Frederick County	Maryland USA
13. FATHER'S NAM			14. MOTHER'S MAIDEN NAME	
John H.	Crouse		Mary F. Simmons	
IS. WAS DECEASED	EVER IN U.S. ARMED FORCES? vn) (If yes give war ar dotes af	16. SOCIAL SECURITY NO.	17. INFORMANT	Address
No	vii) (ii yes give wor ar dores ar	214-10-1564	Wrs. Eva Mae Crouse Ro	ute # 6 Frederick. Md
Conditions, if rise to imme stating the ulast.	nderlying couse	ARTERIOS	Rona Ry OCCLUSA Cherotic Heart	Disease 10 year
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220. 9GNATI	Lew His	eske	M.D. PHYS. LE DIRECTOR L	STAFF PHYS. DIE 11/2/67
22c. PHYSICIA NAME (T	ype)Dr. John H.	Teske M.	D. 22d. ADDRESS 700 Montclaire	Avenue Frederick, Md
230. BURIAL, CREM REMOVAL (Sp	ATION, 23b. DATE THE	REOF 23c. NAME OF CEMETERY		N (City or Town) (Caunty) (Stote)
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Page Vith	,	22c. PHYSICIAN'S 11 OF 22d. ADDRESS 22d. ADDRESS DOLLAR DO	12 V 1 11 11 Y
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director,	0 2	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or country)	(Stote)
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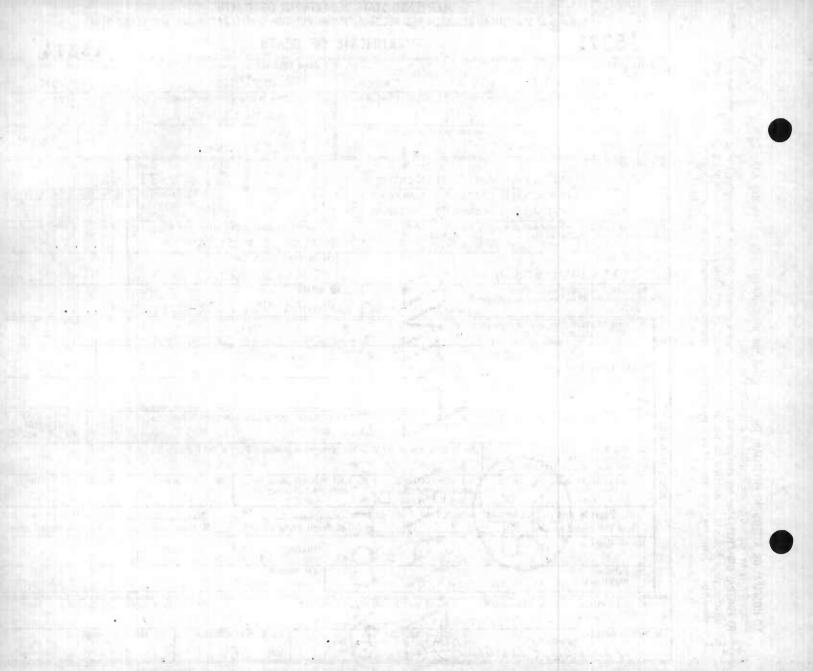
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15371 15368 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY Frederick b. COUNTY Maryland Frederick MARYLAND ofter c. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest tawn) b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 1b write RURAL and give negress town) Rural Frederick days PHYSICIAN: The law requires that the death certificate be executed within 24 hours d. STREET ADDRESS Route # 2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? Frederick Memorial Hospital YES NO TX NAME OF Middle 4 DATE Month Day First Year physician and completely please remave carbon 3 DECEASED WILLIAM ELWOOD DEAN 28. 19 67 November (Type ar print) DEATH S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED birthday) White May 24, 1902 Male and in any WIOOWEO DIVORCEO 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

R. Feed Store Employee None Frederalsburg, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval, Henry Dean Anna Frances Cheezum 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give war or dotes of service 220-30-8802 Mr. Clarence H. Dean 432 Center St. Fred. Md. burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH AMARALI IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. **DUE TO** signed l Canditians, if ony, which gove (b) rise to immediate cause (a). DUE TO stating the underlying cause has been last. WAS AUTOPS'
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE Department c. LENGTH OF STAY IN 1b b. CITY OR TOWN (side corporate limits, write RURAL and give nearest town) give negrest town) INSTITUTION (If not in hospital, give street address) IS RESIDENC ON A FARM NAME OF DECEASED OF DEATH olo lost birthdoy) Months Dovs Hours after death. WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of weeling life even if retired INDUSTRY COUNTRY ? 13. FATHER'S NAME 14. MOTHER'S MAIDE certificate should be executed within event within 72 hours 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per time for (p), (b), onder INTERVAL BETWEEN the Chief burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH DUF TO in any Conditions, if ony, which gove rise to immediate couse (o), p **DUE TO** stoting the underlying couse farwarded PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES X NO 20o. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld 0 CAUSE OF DEATH 20d. INJURY OCCURRED (Stote) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, (City or town) Not While (actory, street, office bldg., etc.) 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian Accident 7 Undetermined manner death resulted fram: Natural causes Hamicide Suicide . CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER pridr SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health | NAME (Type) Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 0 2So. REC'D BY REGISTRAR VR A15ME (5)

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Rasidance balore admission a. COUNTY Frederick b. COUNTY Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town)
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Research Scientist Carson City, Nevada U.S.A. None please .5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Fothergill Clara Von Trapp removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Yes W.W. 2 220-26-2385 Mrs. Marguerite N. Fothergill Mt. Pleasant, Md. 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ARRYthmia CARDIAC IMMEDIATE CAUSE (a) DUE TO CORONARY Conditions, il any, which gava rise to immediata causa (a), stating the underlying GENERALIZED HETERIOS CLEROSIS causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPS' CERTIFICATION PERFORMED? prior use NO X Po 20a. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) factory, streat, office bldg., atc.) Hour a.m. Not While DIRECTOR: at work at work p.m. 21. I certify that (1) (this hospital) attended the deceased from Februery. 22b. DATE 22a. SIGNATURE 11-24-196 GNEE ATTENDING TO HOSPITAL FUNERAL page DIRECTOR PHYS. M.D 22d. ADDRESS 22c. PHYSICIAN'S Dr. Richard C. Revnolds ector, NAME (Typa) M.D. 804 Toll House Avenue Frederick. Md. Filed 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) P & B REMOVAL (Specify) 11-28-1967 Mount Olivet Cemetery Frederick, Maryland Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S BIGNATUR Frederick, Maryland DATNOV 29 VR A15

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MARYLAND STATE DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 15375 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY a. STATE Frederick County MARYLAND Marvland Frederick b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Union Bridge Union Bridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE d. STREET ADDRESS ON A FARM? Route 2 YES NO Route NAME OF 4. DATE Middle Month Dev Yeer DECEASED (Type or print) DEATHNOVEMber 20 Maudie Mildred 1967 Frizel1 6. COLOR OR RACE 7. MARRIED DE NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours September 15.1916 Female White WIDOWED [DIVORCED 10s. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Berkeley County. W. Va. Home U.S.A. House duties 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph D. Clark Tressa Slonaker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service No No Lewis Frizell-Union Bridge Rt. 2-Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (a), steting the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? NO Y 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Hour a.m. While Not While et work at work 20, 19.0..., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from.... to ... 19.9.1., and that death occurred at IPM, from the causes and on the date stated above. saw the deceased alive 22a. SIGNATURE 22b. DATE ATTENDING, SIGNED DIRECTOR PHYS. PHYS. M.D. ADDRESS 22c. PHYSICIAN NAME Pype 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stete) REMOVAL (Specify) St. Peter's Catholic Cemetery Libertytown Maryland Buria1 ADDRESS 24 FUNERAL DIRECTOR'S STENATURE

Home-Martinsburg West Virginia

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE DEATH FOR STATE 15380 HEALTH-DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) frederick o. STATE b. COUNTY MARYLAND Minnesata b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2, and PM3 write RURAL and give nearest tawn) Frederick, Md. Rural Rochester, Minn. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENC ON A FARM? Frederick Memorial Hospital YES X NO RFD# 1 in pencil in Item 18. Give Pages This certificate should be executed within 24 hours ofter death. NAME OF Office olong with Middle 4. DATE First Lost Month Dov Year DECEASED 4. Nov. 1967 (Type or print) Mary Lynne Golberg 19 DEATH IF UNDER 24 HRS AGE (In years 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED birthday) Months Dovs Hours White WIDOWED DIVORCED July13. 1947 72 hours ofter deoth 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life even if retired)
Student Nurse COUNTRY? Olmsted Co. Minn. U.S.A 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Lillian Rose Nelson Harold J. Golberg WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT he Chief Medical "pending" event within 47-054-5363U.S.Army Records 1B. CAUSE OF DEATH (Enter only one couse per line buriol-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH writing the word DUE TO any Conditions, if ony, which gove rise to immediate couse (a), _ DUE TO stoting the underlying couse puo PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY removol, PERFORMED? please execute the certificate. YES X NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 of Part 11 of item 18.) PRIMARY For CONTRIBUTING CAUSE OF DEATH. 3 should 0 cremotion. 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form (City or town) (County) factory, street, office bldg., etc.) Not While moy be retoined for your FUNERAL DIRECTOR: Page M. Thederokof work 21. I certify that I taok charge of the remains described above, held on Autapsy Inquiry Inspection and in my apinion Accident 1 Natural causes Suicide death resulted fram: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 0 Bur MyAt Specify) 11-9-67 Grandview Mem. Gardens Rochester, Minn. 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** VR A15ME (5) DATE NOV 1967 6M 1/67 Salamone Funeral Home Frederick, Md.

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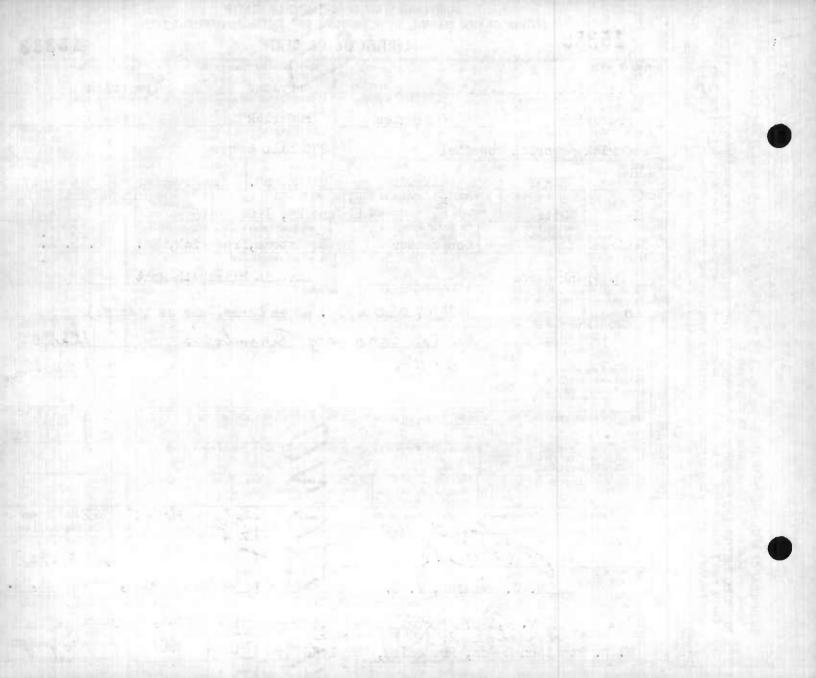
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE	15378 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	381
Page HEALTH DEBA	1. PLACE OF DEATH o. COUNTY FREDERICK MARYLAND 2. USUAL RESIDENCE (Where deceased lived, of institution: Residence before o. STATE MARY MANY MONY)	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15380 CERTIFICATE OF DEATH 15383 OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY B. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) MARYLAND Maryland Frederick c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) popers. Par hie 72 hours Frederick Minutes Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM Frederick Memorial Hospital 276 Dill Avenue YES NO TE eventewithi carbon NAME OF Middle 4 DATE Last Doy Year DECEASED HARRY RAYMOND HARNE. (Type or print) SR. DEATH November 1967 S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** last birthday) Months Davs Haurs DIVORCED June 25, 1902 and in ony WIDOWED Male White puo 10o. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? ottending physician permit. Then pleose Contractor Lewistown, Frederick, Md. Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, B. Frank Harne Lavenia Elizabeth Holt 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service 0640 A Mrs. Agnes Harne (Same as item #2 cremation, 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-transit ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO burial, Conditions, if ony, which gave rise ta immediate cause (a). DUE TO stating the underlying cause Page 4 may be retained by the hospital or attending os the hos been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) of Health NO * this certificote 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) foctory, street, office bldg., etc.) at wark at work 21. I certify that (I) (this hospital) ta 115, 5, 1967, that (1) (a) last attended the deceased from 19/2, and that death accurred at 7:20 M, fram causes and an the date stated above. 10 FUNERAL DIRECTOR: saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING director, poge 3 should be filed v M.D. PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Frederick Medical Centern Frederick, Md. W. J. Røddick, M. D. 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATOR) 23d. LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) Frederick, Maryland Mount Olivet Cemetery Burial REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 NOV 8 M. R. Etchison & Son, Frederick, Maryland



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15382 15385 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Frederick b. COUNTY o. STATE Frederick Maryland Department of MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM arm Frederick Memorial Hospital East Potomac Street YES NO TO This certificate should be executed within 24 hours after death. It cate, writing the ward "pending" in pencil in Item 18. Give Pages 4. DATE NAME OF Middle Month Doy Year alang with DECEASED OF DEATH Hirst TT 196 Charles Mervin IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months lost birthdov) Dovs Hours haurs after death. WIDOWED male cauc. 10o. USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Virginia please execute the certificate, writing the ward "pending" in pencil in director. Page 4 should be farwarded to the Chief Medical Examiner's Assistant V. Pres 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Catherine Amelia Bowers Charles Mason Hirst 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) event within Mrs. Mary Catherine Hirst, Brunswick, M no 18. CAUSE OF DEATH (Enter only one cause per line of (o), (h) and PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o' DHE TO any Conditions, if ony, which gove rise to immediate couse (a). = DUF TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO pe 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20o. EXTERNAL CAUSE WAS 3 shauld OL PRIMARY OF CONTRIBUTING CAUSE OF DEATH. (City or town) 20d. INJURY OCCURRED 20e. PYACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page Brunowich at work ot work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry . and in my apinion Accident [Suicide Homicide Undetermined manner death resulted from: Natural couses CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior 1 DEPUTY MEDICAL EXAMINER J. Thomas, M.D. Health | Address (Street, city, town, of county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Stote) 23o. BURIAL CREMATION. 0 REMOVAG(Specify) Hillsboro Cemetery Hillsboro Virginia Brund Brund ick. Marylan & REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15ME (5) Melizalas

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		certify that (I) (this ho	spital) atter	ided the deceased	from ond that	deoth occurred at_	9_00p to	from couses	, 19 <u>_6</u> and an th), the date	at (1) (v e stated	we) lo l abav	
,	22c. PHYSI	Claris	9.		M.D	PHYS. L	MED. DIRECTOR	STAFF PHYS.	22b. DA	TE SIGNI	4/6	7	
1	NAME	(Type) A. Pear	rey Ji	· .		Frederi	ck, M	larylan	d				
	23o. BURIAL, CRI REMOVAL (Specify)		23c. NAME OF CEA				ATION (City or To		(County)	,	tote)	
0	A. FUNERALD		7/67	ADDRESS	ea Ce	emetery 250. REC'D	BY REGISTRA	cittsvi	GISTRAR'S SI			UII	

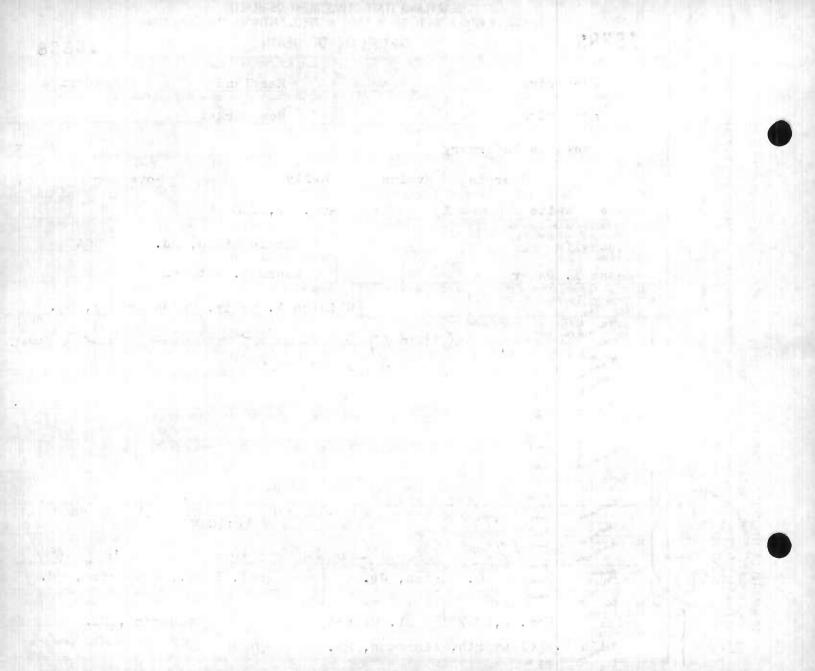
Ferry, W. Va

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely-filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave caban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

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2	Item 18 Film #395 MARYLAND STATE DEPARTMENT OF HEALTH
1	11-30-67 Mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	15384 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DERT.	1. PLACE OF DEATH O. COUNTY Frederick MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) O. STATE Maryland b. COUNTY Frederick
Page 13	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
f any delay is 1, 2, and 3 to m PM3. Page	write RURAL ond gave negast town Rural - Frederick Rural - Frederick / 0 /
If any I, 2, 1, 2, Pepa	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
- v 6 - o 1 A A	Route 2 Route 2 YES NO
d within 24 hours after death. If in pencil in Item 18. Give Pages 1, I Examiner's Office olong with Toxan. File pages I and 2 with the State of 72 hours after death.	3. NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED (Type or print) Calvin Richard Kefauver DEATH November 11-19-67
offer Girlong Ilong	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED May 8-1904 9. AGE (In yeors lost birthday) Months Days Hours Min.
n 18 ice c d2 v d2 v	
executed within 24 hours of anding" in pencil in Item 18 Medical Examiner's Office of permit. File pages I and 2 within 72 hours after death	10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired— Helper 10b. KIND OF BUSINESS OR INDUSTRY Used Cars&parts Maryland 11. BIRTHPLACE (Stote or foreign country) Wash of the business of
il in 24 iil in ner's ner's ages	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
vithi penc amii le po	Newton Richard Kefauver Lilly Crouse
ed v in oil Ex	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Frederick, Md.
ling" edicc edicc ermi	(Yes, no, or unknown) (If yes give wor or dotes of service) 220-10-5223A Mrs.Irving A. Brightwell-lolt E. 5th.St
te should be executed within 24 hours after the ward "pending" in pencil in Item 18. Gis to the Chief Medical Examiner's Office olong a burial-tronsit permit. File poges I ond 2 with I in any event within 72 hours after death.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute Congestive heart failure
e should be e the ward "pel to the Chief burial-tronsit in any event	4 4 4 4 0116 10
shou we the urial	Conditions, if ony, which gove is a immediate cause (o). (b) Myocardial fibrosis
ate g the ed to d in d in	stoting the underlying couse DUE 10 Mysocandial decemenation
rificat riting t rarded rarded as a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
e, w farw farw novo	AEY AND THE LOCKWEDS.
MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. solease execute the certificote, writing the ward "pending" in pencil in Item 18. Give Page director. Page 4 should be farwarded to the Chief Medical Examiner's Office olong with Tetained for your files. DIRECTOR: Page 3 should be used as a burial-tronsit permit. File pages I and 2 with the Stater to burial, cremotion, or removal, and in any event within 72 hours after death.	PERFORMED? YES TO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
MINER: the cert 4 shoul or files. e 3 shou	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
(AM) e the e 4 cour age emo	p.m. Of work Of work
AL EXAL	21. I certify that I taak charge af the remains described abave, held an Autapsy 🔀, Inspection 🗌, Inquiry 🔲, and in my apinia
Ctor.	death resolted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner .
MEDI please direct retaine DIREC	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
	DEPUTY MEDICAL EXAMINER DA 94 71 1967
ro DEPUTY MEDICAL EXAM necessory, please execute the the funeral director. Page 4 5 may be retained for your of FUNERAL DIRECTOR: Page Health prior to buriol, cremon	NAME (Type) ROBELS 0. THOMAS
To The The To	230. BURIAL (REMATION, PREMOVAL (Specify) Burial 23b. Date THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 11-151967 Reformed Cemetery Middletown-Md. 21769
VR A15ME (5)	24. FUNERAL DIRECTOR STUDIES ADDRESS MILITIAN 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
6M 1/67	M.R. Etchison & Son Frederick, Md. 21701 DATNOV 14 1961 June June 1961

THE SECOND PROPERTY OF THE PARTY OF THE PART A DOMESTIC AND A DOME No. of the Late of Taylor Linked persons . M. M. Leaner III - Participation of the state of Survey of (V Visit) Comme annual Colonia S



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	s after deoth			COUNTY T	, ,			2. USUAL o. STAT		deceosed lived, if institut b. COU		tore odmission)
	fr en d		u. I	tre	derick.	200	MARYLAND	O. SIAI	mary	and	Fred	escep.
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	ecuted with completely ove corbon y event, wit		(Ty	pe or print)	DNA	MAG	LDE KER	CHNI	ER D	EATH HOV,	5	1967
	mpl e ce		S. SEX		. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF	BIRTH	9. AGE (In years lost birthdoy)	Months Doy	AR IF UNDER 24 HRS.
	execution compression on several			7	W	WIDOWED	DIVORCED [Wor 1	6 1886	yrs.	Months Doy	ys Hours Min.
	e e)		10o. US	UAL OCCUPATION (G	Give kind of work done		ND OF BUSINESS OR	11. BIRTH	PLACE (County & Stote	, or foreign country)	12. CITIZEN	OF WHAT
	ertificote be exe physicion ond c hen pleose remo noval, ond in ony		during	most of working life	e, even if retired)	IN.	DUSTRY	(X)	a Louisk	12 ml	COUNTR	5. 4
	sici plec		13. F/	THER'S NAME	-arge	/		14. MOTH	ER'S MAIDEN NAME	3.00.	1 1000	
	phy en ova			Hann	Vit	Stu		m	24.1 11)	amin's b		
	en Fe		1s w	AS DECEASED EVEN	N U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO. 17	7. INFORMANT	ory w-	Addr	ess	1-1-1-1-1
	equires that the death ce physician. signed by the ottending buriol-tronsit permit. The		(Yes, r	no, or unknown) (If	yes give wor or dates of	service)	10 - 121 -7791	hour a	Dat.	at R	- 4. 1	1 net
	office d		11	D CAUSE OF DEAT	TH (Enter only one cous	o per line for	(a) (b) and (c))	rus &	, dec M	aumo, h	, ME	INTERVAL BETWEEN
	t the sit and i		1	PART I. DEATH	WAS CAUSED BY:	Can	the state of	no los				DISET AND DEATH
	tha an. by ron ren			4201	IMMEDIATE CAUSE (,	unary same	VVVV				British -
	sicided ed ol-t		100	onditions, if ony, w	hich gave)	110	To Sunt	- C-V	D conse	estim	1	0 wan
	qui phy phy sign suri		n	se to immediate o	couse (o),	(b)	was way	r	1 /2 /3	D. C.		-0
	ng en en to t			oting the underly	ing couse		Muz	occupie	o Come	100	613	
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	or or us		CERTIFICATION	900	wy ecc	4313	- mynaga	o un	NXW	na runga		YES NO
	by the hospital by the hospital free this certificate be detached for Stote Dept. of He		E 0	Do. ACCIDENT WAS U R CONTRIBUTING	I CAUSE OF DEATH	20b. Di	escribe how injury occurri	ED. (Enter nuture	e of injury-in rom i	or ron ii oi nem 18.)		
	osp cert cert hed			F EITHER, NOTIFY ME				al ter of hills	· /II /	205 (6:4	/(A-)	(Stote)
	PH e h his bis Dep		MEDICAL	Oc. TIME OF INJURY Hour 'o.m.	Y Month, Doy, Yeor	While		PLACE OF INJUR foctory, street, o		20f. (City or town)	(County)	(21016)
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	DR: ould				eased alive an	4 /lan	- 19 <u>67</u> , and t	hat death &	ccurred at 11	M, fram causes		
	OR ATTEND be retained DIRECTOR: A je 3 should ed with the			220. STONATURE	(N	- ()	M.D. PHYS.	ING MED.	STAFF _	22b. DATES	IGNED
	be 3 ed 1			MV	ms 7. 104	me,	n		ADDRESS DIRECT	TOR L PHYS. L	11/6	101
	AL Pood e fill e			22c. PHYSICIAN'S NAME (Type)) AMAEC	CCT	MUFA IA	220.	1/1-AIKI	RACVILLE	- And	21793
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 moy be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		1		-1/1/1-5	-> 1	I as was as constant	on corrections	VV 1150	TO TOTAL TOT	JIVIA.	unda) (Carta)
	S eg E eg			BURIAL, CREMATION, BEMOVAL (Specify)	, 23b. DATE THE	KEUF	23c. NAME OF CEMETERY	UK CKEMATURY	23	Bd. LOCATION (City or To	own) (Cot	unty) (Stote)
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	VR A15 (4) A	24	24.	FUNERAL DIRECTOR	4	1-1	ADDRESS /	mol	NOV 9	EGISTRAP 2Sb. 2Sb.	Clayer	and the same
	25M 1/67 A	97	2	, C. 10a	rlow,	wa	Kersvelle	ille.	DATE			() ()

AND THE RESERVE OF THE PARTY OF

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15387 CERTIFICATE OF DEATH 15390 law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. STATE b. COUNTY o. COUNTY Frederick Frederick Maryland MARYLAND bymthe b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Frederick vears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE papers. ON A FARM within 72 the attending physician and completely filled sit permit. Then please remave carban pape Frederick Memorial Hospital 362 Catoctin Avenue YES | NO T 3. NAME OF Middle 4 DATE First Year OF DEATH DECEASED Virgie V. (Type or print 9. AGE (In years 7 dest birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Oovs Hours Oct .2-1889 White and in any WIDOWED DIVORCED 10o. USHAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY ? INOUSTRY Frederick Co. Md. U.S.A. Homemaker 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Joseph B. Hummer Julia Miller 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Frederick, MD. (Yes, no, prunknown) (If yes give war or dates of service OF 216-14-5652 Mrs. Viola Stewart-362 Catoctin Ave. crematian. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) physician DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO attending p stoting the underlying couse the has been last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use NO O FUNERAL DIRECTOR: After this certificate the hospital ar 205. OESCRIBE YOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (Stote) 20d. INJURY OCCURRED (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour o.m. Not While of work be retained by . 196 / that (1) (we) last 19777 to /1 UV. 21. I certify that (I) (this haspital) attended the deceased fram. shauld and that death accurred at 7:40 M, from causes and an the date stated above. saw the deceased alive an. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING M.D. PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Prof. Bldg .- Frederick, Md. 21701 Bernard O. Thomas Jr. directar, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION BUT 12 (Specify) Mt. Olivet Cemetery Frederick, Md. 21701 Nov.10-1967 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 M.R. Etchison 196 Frederick; DATE NOV 9

U. E. C.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15391

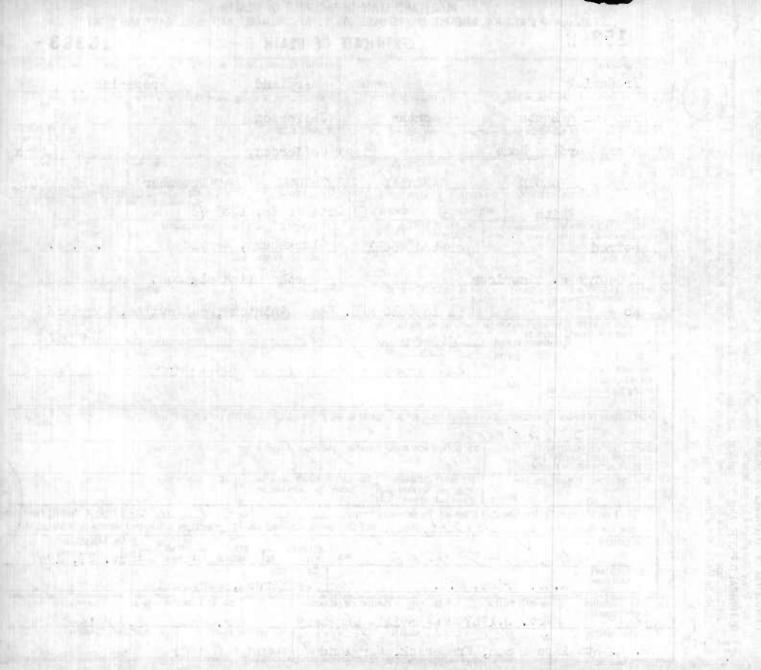
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	d.		AL OR INSTITUTION (If no	t in haspital, g			d. STREET ADDRESS	Liedelick		e	IS RESI	DENCE ARM?
			Memorial H	_				Stone Circle		Y		NO
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	S. SI		6. COLOR OR RACE	7. MARRIED			DATE OF BIRTH	9. AGE (In years (ast birthday)	I IF UNDER 1	YEAR Days	IF UNDER	
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	tua. I durin	g most of working Housewi.	(Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	/ & Stote, or foreign country)	12. CITI. COU U . S	ZEN OF NTRY?	WHAT	
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN		1000			
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	15. (Yes		R IN U.S. ARMED FORCES? (If yes give war or dates a	f service) 16. S	OCIAL SECURITY NO.		ORMANT		Idress			
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7	ATION	PART II. OTHER SI	-	PINE	-th	ATED TO THE		NDITION GIVEN IN PART 1(0)			WAS AUTO PERFORM S	OPSY ED? NO
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7	L CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) JRY Month, Day, Year n.	20b. DES	JURY OCCURRED Not While	CURRED. (En	Cermpr	Part I ar Part II of item 18.)		YE	s 🗍	NO
7	CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJI Hour O.I p.1	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) JRY Month, Day, Year n.	20b. DES 20b. DES 20d. IN While of work	JURY OCCURRED Of the deceased feether d	CURRED. (En 20e. PLACE factory	Cerry of injury in OF INJURY (Home, far , street, affice bldg., etc.	Part I ar Part II of item 18.)	(Caur	nty)	at (I) (NO (State
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1	MEDICAL CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJI Haur 'o.i. 21. I certi saw the d 22a. SIGNATURE- 22c. PHYSICIAN'S NAME (Type)	SUNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER) JRY Month, Day, Year m. 19 fy that (1) (this has eceased alive an A. Austi DN, 23b. DATE THE Noy. 4.	20d. DES 20d. IN While or work pitol) aftend Pears REOF	JURY OCCURRED Not While of work ed the deceased f 19 23c. NAME OF CEMET	20e. PLACE factory framnd that c	Cerry of the nature of injury in of INJURY (Home, for a street, affice bldg., etc.) death accurred at ATTENDING PHYS. 22d. ADDRESS 804 Toll EMATORY	Part I ar Part II of item 18.) m, 20f. (City or town) 19 5 7, ta 71/1/ 12 2 PM, fram cause MED. STAFF DIRECTOR STAFF PHYS. House Ave.Fr 23d. LOCATION (City or Frederick,	(Cour 6) 19_ es and an the 22b. DAI /// rederick	YES	at (I) (in the state of the sta	NO (Star

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15389 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15392 FOR STATE HEALTHADEP 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission). o. COUNTY 0 MARYLAND delay and 3 c. LENGTH OF STAY IN 1b c. CITY OR outside corporate lymits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, PM3. IS RESIDENCE ON A FARM? d. STREET ADDRESS INSTITUTION (If not in hospital, give street address) form. 64 YES NO X in Item 18. Give Pages This certificate should be executed within 24 hours ofter death. 3. NAME OF 4. DATE Lost Doy Year DECEASED vember 1961 (Type or print) DEATH B. DATE OF BIRTH AGE (In years IF UNDER YEAR IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED 7. MARRIED Months Doys Hours event within 72 hours ofter deoth. DIVORCED WIDOWED 12. CITIZEN OF WHAT OCCUPATION Give kind of work done or foreign countr pencil File 16. SOCIAL SECURITY NO. Hnna polis (Yes, no) or unk no wn) (If yes give wor or dates of service pending" INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (k).) buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) writing the word DUE TO the ony Conditions, if ony, which gove rise to immediate couse (a), forwarded to __ DUE TO stoting the underlying couse 0 puo be used 19. WAS AUTOPSY PERFORMED? removol, PART II. OTHER SUGNIFICANT-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) the certificate, YES NO 20o. EXTERNAL CAUSE WA 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should 10 PRIMARY Or CONTRIBUTING CAUSE OF DEATH cremotion, MEDICAL (City or town) (Stote) (County) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Hour o.m. foctory, street, office bldg., etc.) Your FUNERAL DIRECTOR: Page of work please execute 21. I certify that I took charge of the remains described above, held an Autopsy ond in my opinion Inspection Inquiry for funerol director. death resulted from: Natural causes Accident Suicide Homicide Undetermined monner may be retained CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY necessary, DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth NAME (Type) Address (Street, city, town, or county) the DATE THEREOF 23d MOCATION (City or Town) BURIAL, CREMATION (County) 50 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR VR A15ME (5)(6M 1/67 Meliantes

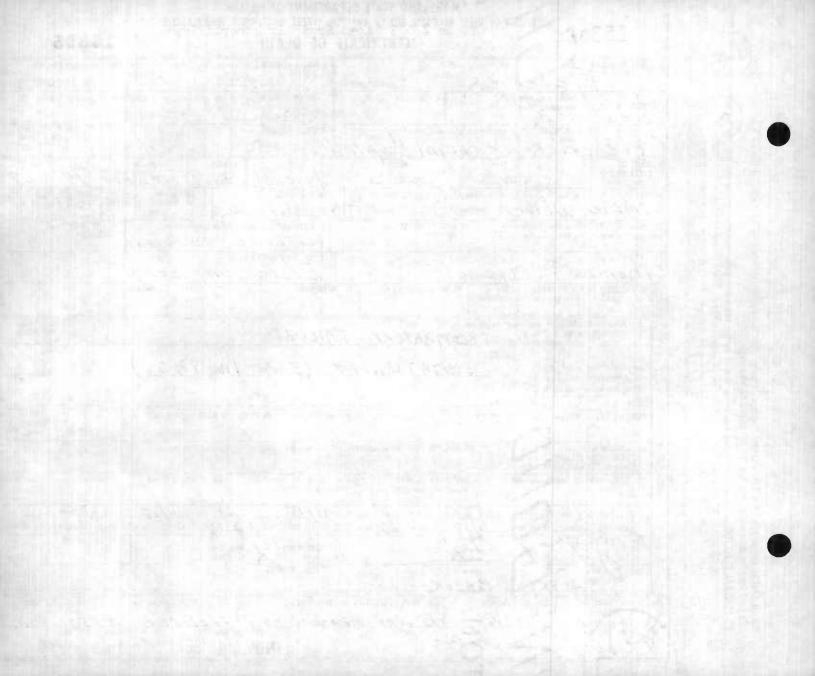
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15390 15393 CERTIFICATE OF DEATH within 24 hours after death. by the funeral eoth 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY Frederick a, STATE b_COUNTY Maryland MARYLAND Frederick c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)
Braddock Heights Months Jefferson filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? papers. cremation, ar remaval, and in any event, within 72 h d. STREET ADDRESS YES NO VE Vindabona Nursing Home Jefferson nod. 3. NAME OF Middle Lost 4. DATE Year Doy completely DECEASED DEATH November (Type or print) LLOYD GASSAWAY TMTHTCHM attending physician and complet permit. Then please remove car be executed 9. AGE (In years last birthdoy) 70 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Hours Doys October 26, 1889 WIDOWED DIVORCED Male White 10a, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY Clarksburg, Maryland requires that the death certificate U. S. A. Retired Operated Motel 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Martha Elizabeth Best George F. Linthicum IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dotes of service) 17. INFORMANT 16 SOCIAL SECURITY NO. permit. 054 16 6616 A.G. Best Linthicim Beallsville, Maryland INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by DUE TO nure Ellroue OV Disease Conditions, if ony, which gove (b) rise to immediate cause (o), DUE TO stoting the underlying couse **u runexal DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO be 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While of work ot work , 1965, to_ 11/26, 1967, that (1) (we) lost 21. I certify that (1) (this hospital) ottended the deceased from. 1967, and that deoth occurred at 0:45 MP from couses and on the date stated above. saw the deceased alive on_ 22o. SIGNATURE 22b. OATE SIGNEO STAFF PHYS. ATTENOING □ Nov. 27. 1967 M.D. PHYS DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Jefferson, Maryland A. T. Brice. M.D. 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL CREMATION REMOVAL (Specify) Neelsville Cemetery Nov.30.1967 Burial Nr Germantown Maryland
RY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR ADDRESS Fedeler VR A15 (4) .0 M. R. Etchison & Son. Frederick. Maryland Elianda Julia 20 M 1/66

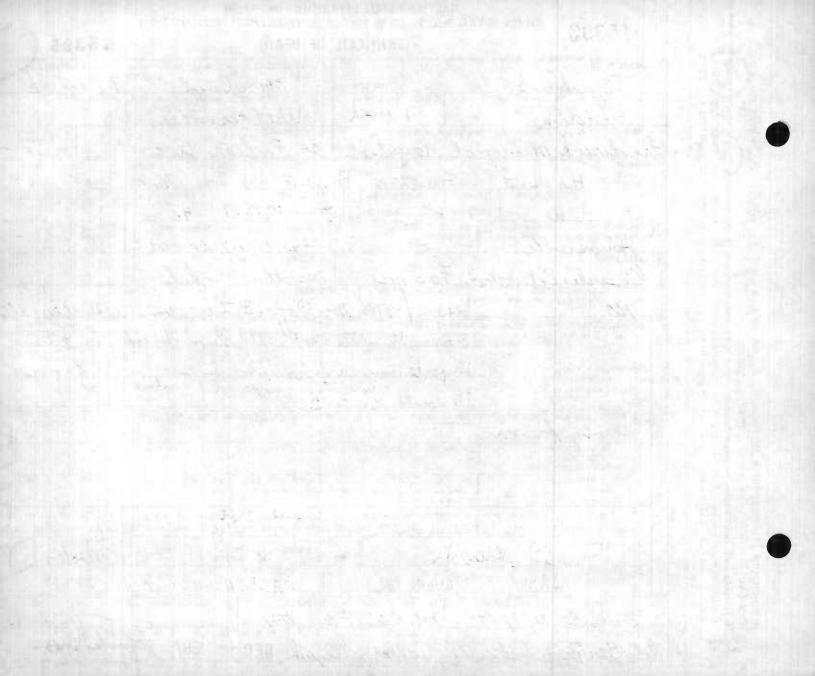


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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15392 15395 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY Maryland Montgomery The law requires that the death certificate be executed within 24 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) event, within 72 hours Poolesville rederie filled/in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? papers Route #1 YES NO NAME OF remave carbon First 4. DATE Month Doy Year completely DECEASED JIDEATH Franklin Thomas 19 (Type or print) S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years lost birthdoy) Months Doys Hours November 15,1967 and in any WIDOWED DIVORCED and 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) please during most of working life, even if retired) **INDUSTRY** COUNTRY? physician Frederick, MARYLARI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval, attending phys 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: FAILURE ONSET AND DEATH RES PIRATORY IMMEDIATE CAUSE (o) p physician. DUE TO signed burial, Conditions, if ony, which gove rise to immediate couse (a). DUE TO be retained by the haspital ar attending stoting the underlying couse be detached far use as the State Dept. af Health priar to has been lost. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION 3 YES NO certificate OR ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) of work ot work DIRECTOR: After 19 67 that (1) (we) lost 21. I certify that (1) (this hospital) attended the deceased from be filed with the sow the deceased olive on. and that death occurred of 2:45M, from couses and on the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF M.D. DIRECTOR 22c. PAYSICIAN'S NAME (Type) 22d. ADDRESS Page 4 may O FUNERAL AKER director, shauld be DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, 23b. (County) (Stote) REMOVAL (Specify) REDGEICK MEMORIAL ADDRESS HOSP TO. HOSP 24. **EUNERAL OIRECTOR** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Milaneles



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15393 15396 CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTYa. STATE b. COUNTY after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (If autside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO Z d' NAME OF Middle DATE Last Year Day DECEASED SAN COL (Type or print) DEATH 19 complet S. SEX 6. COLOR OR RACE IF UNDER 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER 24 HRS remave last birthday) Months Hours Dovs and in any WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Housewill 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or remaval, WAS DECEASED EVER IN U.S. ARMED FORCES INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEE PART I. DEATH WAS CAUSED BY burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by be retained by the hospital ar attending physician. DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause has been be detached far use as the State Dept. of Health priar ta lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? this certificate NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) Not While at work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. 19_60, ta. 1967, that (I) (we) last director, page 3 shauld shauld be filed with the 19 67, and that death occurred at 2154 M, fram causes and an the date stated above saw the deceased alive an 22a. SIGNATURE 22b. DAT&SIGNED MED. DIRECTOR M.D. PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may NAME (Type) 23g. BURIAL CREMATION 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote REMOVAL (Specify) 24. FUNERAL DIRECTOR ADDRESS 256. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 1967 DARFC



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15397 CERTIFICATE OF DEATH death. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH b. COUNTY FREDERICK o COUNTY o. STATE FREDERICK MARYLAND c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside corporate limits, and in any event, within 72 hours Frederick Rural 24-hours 2 da d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? R.D. Fredeick Memorial Hospital Frederick YES NO T 4. DATE Month Year 3. NAME OF Middle Lost Doy First attending physician and campletely to sermit. Then please remave carban campletely II. 1967 DECEASED REESE Nov. ROGER HOWARD DEATH (Type or print) The law requires that the death certificate be executed IF UNDER 24 HRS. IF LINDER 1 YEAR B. DATE OF BIRTH AGE (In years SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last bistbdoy) Manths Davs Haurs White Male Sept. WIDOWED DIVORCED 12. CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) FOUNTRY? U.S.A during most of warking life, even if retired) INDUSTRY Hagerstown Washington Automobile Mechanic 13. FATHER'S NAME ar remaval, REESE HOWARD E. Address 16. SOCIAL SECURITY NO. 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war or dates af service) Reese. Frederick R. D7 MD 215-36-6082 Elma NO crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DHE TO Conditions, if any, which gove rise ta immediate cause (a), DUF TO stoting the underlying cause be retained by the hospital ar attending this certificate has been WAS AUTOPSY PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? ar use Health 1 NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. Not While factory, street, office bldg., etc.) at wark at wark O FUNERAL DIRECTOR: After M, fram causes and an the date stated abave 21. I certify that (1) (this trospital) attended the deceased fram. and that death accurred at saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. **ATTENDING** DIRECTOR director, page should be filed ADDRESS 22c. PHYSICIAN'S Robert Hughes Frederick Ma NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b. DATE THEREOF (County) 23o. BURIAL CREMATION REMOVAL (Specify) Cem. raderick, FFedk. Co Mt. 011v REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Villander DATE NOV Thurmont. MD

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MARYLAND STATE DEPA

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X 27 Nov 1967

James B. Thomas, M. D. 228 M. Market St., Frederick, Ma. 21701

11/30/67 ount Olivet Cemetery Fr derick, .d. 21/01

". R. Itchison Son, rederick, Md. 21701

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled is director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban paper shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72

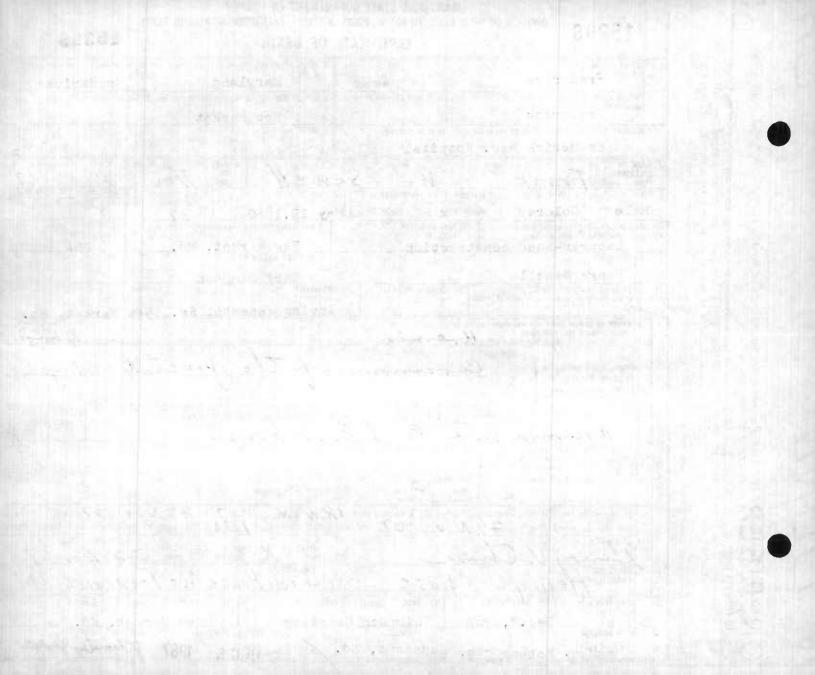
MARYLAND STATE DEPARTMENT OF HEALTH

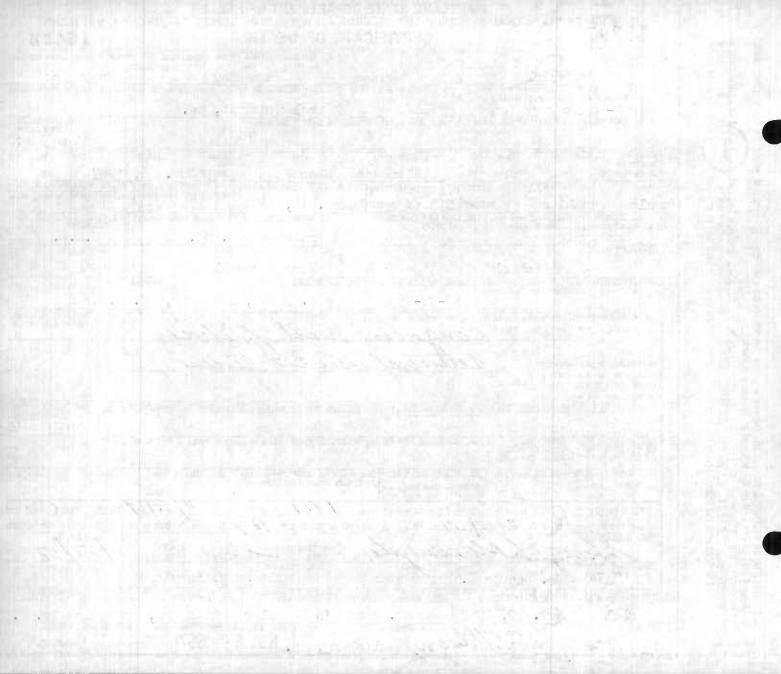
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15399

	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed		ence before odmission)					
	o. (OUNTY Frederick	MARYLAND	o. STATE Maryland b. COUNTY Erederick							
	b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate I	ive nearest town)						
	write RURAL and give nearest town) rrederick		New Market		10.1					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gi	ve street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
	Frederick Mem. Hos	pital			YES NO					
	NAME OF DECEASED First (Type or print) Frank	Wa Se	Lost 4. DATE OF DEATH	Nov 2	Doy Year 19 67					
S.	T. HIMKNIED	NEVER MARRIED		GE (In years IF UNDE)	R I YEAR IF UNDER 24 HRS.					
	Male Colored WIDOWED	DIVORCED	May 19,1880	87 Yrs.						
		ID OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County & Stote, or foreign		CITIZEN OF WHAT					
	Laborer-Road constru		New Market, N		USA					
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME							
	Henry Sewell		Mary Simpson							
	es, np. or unknown) ((If yes give wor or dotes of service)	OCIAL SECURITY NO. 17.	INFORMANT	Address						
	No		Irving Fossett, S	r. New M.	rket Md.					
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: OMSET AND DEATH									
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	DUE TO DUE TO									
	Conditions, if ony, which gove (b)	remona	of the for	- Itale	1 Man					
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CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	CRIDE HOW INJOK! OCCORRED.	(Enter notice of injury in Fort For Fort it	of Hellt To.,						
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 2Dd. IN.	JURY OCCURRED 2De. PLA	CE OF INJURY (Home, form, 20f. (C	ity or town) (C	county) (Stote)					
MEDICAL	Hour o.m. While	Not While for	tory, street, office bldg., etc.)	., ., ., .,	(3/3/3)					
	21. I certify that (I) (this hospital) attended the deceased from 18 NoV, 1967, ta 29 NoV, 1967, that (I) (we) last									
М	saw the deceased glive an $\frac{29}{196}$ $\frac{196}{196}$, and that death accurred of $\frac{364}{196}$ M, from causes ond on the date stoted obove.									
	22a_SIGNATURE 22b. DATE SIGNED									
ď.	Henry V- Chase M.D. ATTENDING MED. STAFF DIRECTOR DIRECTO									
	NAME (Type) Henry V. Cl	iase 8	22d. ADDRESS Cif Tell House A	Le Frede	rick, Md					
230	BURIAL CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY . 23d. LOCAT	ION (City or Town)	(County) (Stote)					
	REMOVAL (Specify) Burial Dec. 2.1967	Simpson Ce	emetery Ne	w Market.						
24	. FUNERAL DIRECTOR	ADDREŠS	2So. REC'D BY REGISTRAR	2Sb. REGISTRAR'S						
	Olin L. Mohogworth	Damascus. Md.	DATE DECE	1997 PClia	riles Judge					





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15398 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 15401 HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Maryland Frederic
c. CITY OR TOWN (If outside carporote limits, write RURAL and give neorest tawn) MARYLAND Frederick delay c. LENGTH OF STAY IN 1b pup 6fter 20 years New Market New Market d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS PROUTS A AYES NO X in Item 18. Give Pages New Market P.O. Md N ew Market P.O. Md Rt 144 after death. 3. NAME OF 4 DATE Office alang with DECEASED the (Type or print) W1171am Simms jr B. DATE OF BERTH DEATH Thomas Nov IF UNDER 1 YEAR S. SEX 9. AGE (In years 6. COLOR OR RACE NEVER MARRIED X IF UNDER 24 HRS 7. MARRIED lost birthdoy) Months Dovs Hours 4-7-1913 haurs WIDOWED DIVORCED Male Negro

10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)

Construction Labor INDUSTRY COUNTRY? any Maryland 36-36-36-36-36-36-36-36-36 pages in any 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME within Bessie Johnson William T.Simms, Sr ond 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address be executed or remayal, 579-12-2740 Grace Lyles Holsey Rd, Damascus, Md No 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (o) certificate shauld writing the ward burial, crematian, DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 19. WAS AUTOPS! PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BULLOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? the certificate, YES 📑 designated agent, priar ta 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) PRIMARY Or CONTRIBUTING **EXAMINER:** CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) foctory, street, office bldg., etc.) may be retained far your FUNERAL DIRECTOR: Page Not While 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry and in my apinian Accident . Suicide death resulted fram: Natural causes the funeral directar. Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ar its o 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER X **EXAMINER'S** Robert J. Thomas, M.D. Health NAME (Type) Address (Street, city, town, or county) 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 50 REMOVAL (Specify)
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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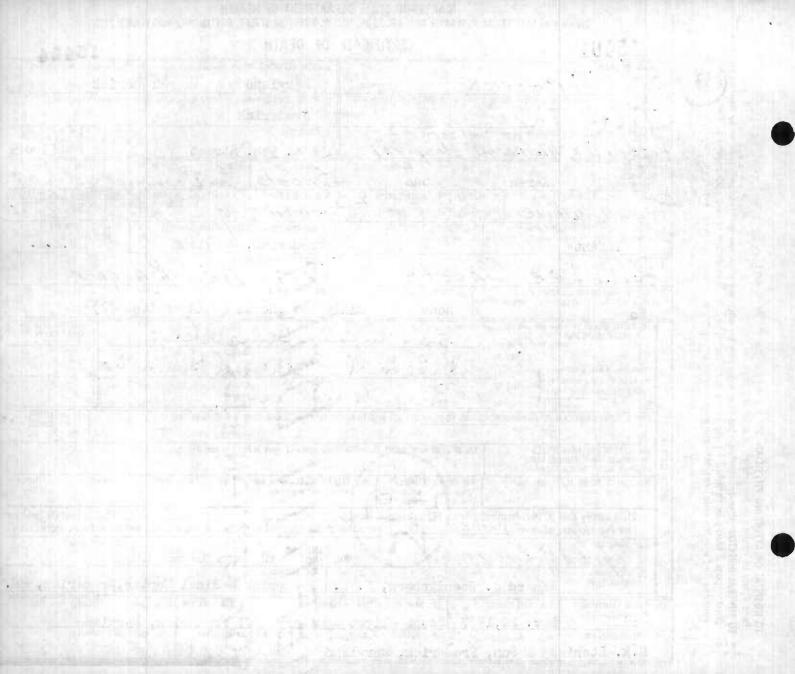
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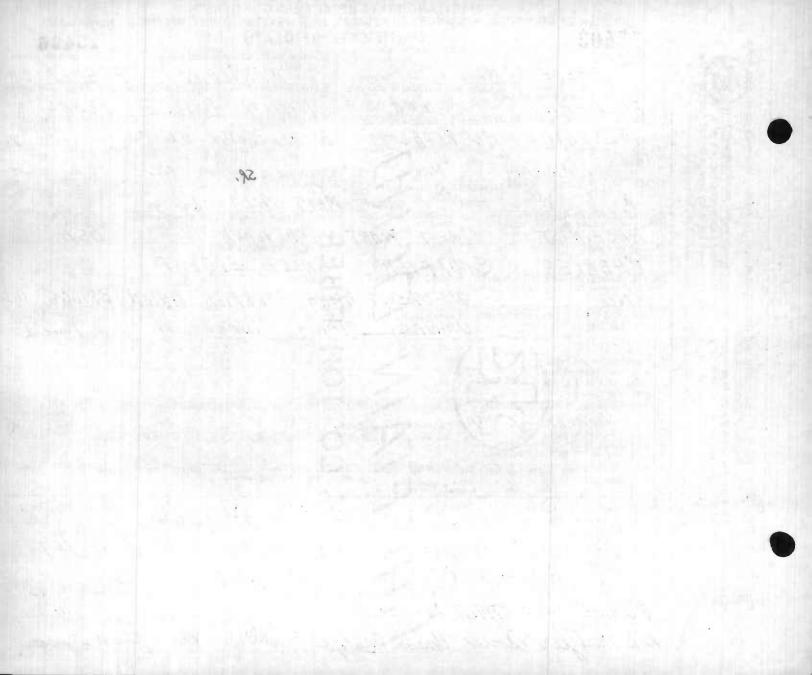
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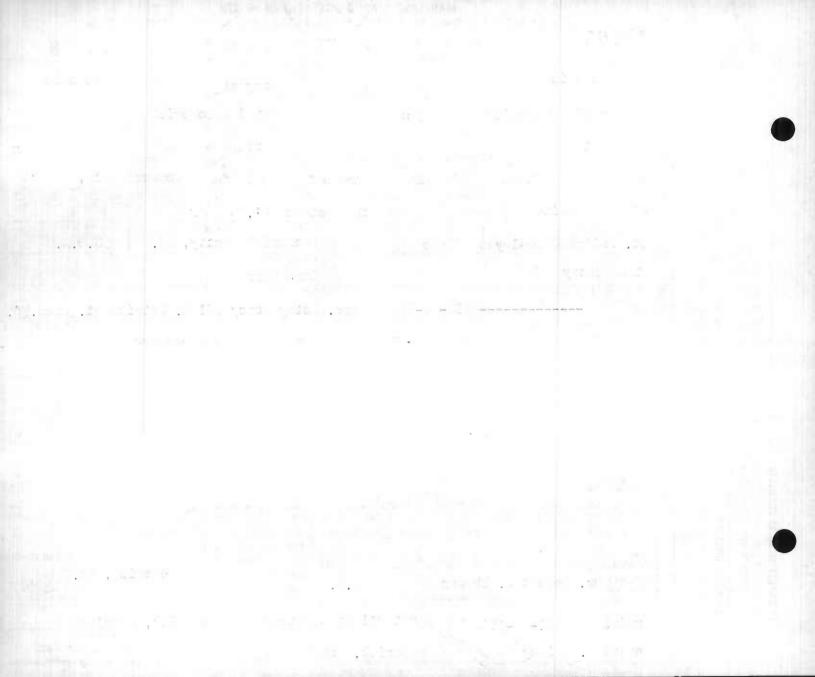
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b write RURAL end give nearest town) = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within NO YES etély carbon NAME DE First Middle Last DATE Month Day Year DECEASED event. comple (Type or print) WILLIAM NOV DEATH 19 SPURRIER remove 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 9. 7. MARRIED NEVER MARRIED 8. last birthday) Months I Days Hours WIDOWED DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done physician n please r = 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Then pl FATHER'S NAME 14. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ed by the attenct transit permit. cramation, or r 16. SOCIAL SECURITY NO. INFORMAN' Address 17. (Yes, no, or unkown) | (If yes give war or dates of service) CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN law requires that the been signed -, the burial, cremit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: RACT INFECTION the hospital or attending physician. we IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate GENERALIZED ARTERIOSCLEROSIS NO P YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) stached f Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) should be de 'th the Str factory, street, office bldg., etc.) Hour a.m. While Not While p.m at work at work retained 21. I certify that (1) Ithis hospital) attended the deceased from DIRECTOR: age 3 should led with the and that death occurred at 9 saw the deceased alive on M, from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED 08 pe page ATTENDING Page 4 may M.D. DIRECTOR PHYS. 22C. PHYSICIAN'S ADDRESS 22d. director, I NAME (Type) BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 REMOVAL (Specify) FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR AIS 20 M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15404 deoth. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Frederick Frederick Maryland MARYLAND 24 hours after b. CITY OR TOWN (If autside carparote limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) write RURAL and give nearest town) Thurmont yrs. papers. hia 72 be d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE .⊆ within 72 ON A FARM filled 2h Blue Ridge Ave. Own Home NO X requires that the death certificate be executed within 4. DATE 3. NAME OF Middle Last Month First Year please remove carbon by the attending physician and completely ronsit permit. Then please remove carbon DECEASED 67 Stull Nov. 30 Alice L. 19 (Type or print) DEATH IF UNDER 1 YEAR I IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7. MARRIED X **NEVER MARRIED** birthday) Months Days Hours 11-30-1912 Female White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of warking life, even if retired)
Housewife COUNTRY? Bennsylvania Home Own 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Unknown Hilda Carlson IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. (Yes, no, ar unknawn) (If yes give wor or dates of service) 0 Stanley W. Stull Thurmont. Md. 216-11-5079 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) cremat buriol-tronsit PART I. DEATH WAS CAUSED 8Y ONSET SAND DEAT IMMEDIATE CAUSE (a) DUE TO signed I Conditions, if ony, which gave rise to immediate cause (a), **DUE TO** stoting the underlying cause this certificate has been last. SD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? CERTIFICATION NO for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [the hospitol OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Haur o.m. Not While at work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased from ___, to. be retained and that death occurred of MA M, from couses and on the date stated above. 11630/6019 saw the deceased alive on_ 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. **ATTENDING** DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Thomas A. Love Thurmont. Md. NAME (Type) director, 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY. 23d. LOCATION (City or Town) (Co Thurmont Fred. United Brethren Cem REMOVALE (Specify) 12-3-67 Andress Creager 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Raymond VR A15 (4) DATEDEC 1967 Thurmont. Md. 100061)

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15405 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 15408 HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Frederick b. COUNTY o. STATE Frederick delay is and 3 to MARYLAND Marvland death Deportment c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, write RUPAL and give negrest town rick P.M.3 ofter Rural Frederick vear d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE form 72 hours ON A FARM? Route # 6 Route # 6 00 in Item 18. Give Poges NO X 24 hours ofter deoth. Chief Medical Examiner's Office along with 3. NAME OF Middle 4. DATE First Lost Doy Year DECEASED 19 67 OF November **JESSE** ELIE TOBERY 16. within (Type or print) DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 80 vrs Months Doys Hours White October 31,1887 Male WIDOWED DIVORCED X event 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15410 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY Prederick o. STATE Maryland o. COUNTY Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Jefferson-Rural 21755 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Jefferson-Rural 21755 Since-1941 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Near Jefferson Near Jefferson YES NO Middle 3. NAME OF 4. DATE Eirst Lost Month Day Year DECEASED MABEL MADORA WICKHAM November 20. 1967 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7 last birthdoy) Months Days Haurs 9 Aug 1895 **Female** White DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired)

HOUSE—WOLK Own Home COUNTRY? Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Madora M. Everhart John Ellsworth Gantt 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknown) (If yes give war or dotes af service) 17. INFORMANT Address 16. SOCIAL SECURITY NO. 220-34-1059 Floyd C. Wickham (Same as item #1) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUF TO Conditions, if ony, which gove 10 mu (b) rise to immediate cause (a). DUE TO stoting the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO X YES 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour a.m. Not While factory, street, affice bldg., etc.) at wark at work A, ta 21. I certify that (1) (this haspital) attended the deceased fram , 19___, that (I) (we) last saw the deceased alive an_ and that death accurred at M, fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** 21 Nov 1967 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S A. T. Brice, M. D. Jefferson, Maryland 21755 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF

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M. R. Etchison & Son. Frederick Md.

BUREMOVA (Specify) 11/24/67 24. FUNERAL DIRECTOR

St. Mark's Cemetery

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24. FUNERAL DIRECTOR

REMOVAL (Specify) 1967 Buria Middleburg Cemetery **ADDRESS**

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MiddleburgmCarroll. Maryland 2Sa. REC'D BY REGISTRAR DATE Maryland

2Sb. REGISTRAR'S SIGNATURE harles

